

FORM BS.
(6/90)

FORM 5. INVOLUNTARY PETITION

United States Bankruptcy Court		INVOLUNTARY PETITION
Northern	District of	Illinois
IN RE (Name of Debtor - If Individual: Last, First, Middle) VeridianHealth, LLC		ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden, and trade names.)
Last four digits of Soc. Sec. No./Complete Tax I.D. No.		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1650 Lake Cook Road, Deerfield, IL 60015		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Lake		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) 1650 Lake Cook Road, Deerfield, IL 60015		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts (complete sections A and B)		
TYPE OF DEBTOR <input type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Not Publicly Held <input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u>		
A. TYPE OF BUSINESS (Check one) <input type="checkbox"/> Professional <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Manufacturing/ <input type="checkbox"/> Construction <input type="checkbox"/> Railroad <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate <input type="checkbox"/> Stockbroker <input checked="" type="checkbox"/> Other		B. BRIEFLY DESCRIBE NATURE OF BUSINESS Healthcare Services
VENUE		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).		
2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title of the United States Code.		
3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute; or		
b. <input checked="" type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

U.S. Bankruptcy Court
Northern District Of Illinois

Filed: 08/10/2005
Time: 16:40:55
Debtor: VERIDIANHEALTH, LLC
Case: 05-31483 Fee: 839
Chapter: 11 Rec. #: 3136550
Judge: Carol Doyle



FORM 5 Involuntary Petition
(6/92)

Name of Debtor VeridianHealth, LLC
Case No. _____
(court use only)

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Michael E. Hayes 8/9/05
Signature of Petitioner or Representative (State title) Date
JPMorgan Chase Bank, NA
Name of Petitioner Date Signed
JPMorgan Chase Bank, NA
Name & Mailing 120 S. LaSalle St., 6th Fl.
Address of Individual Chicago, IL 60603
Signing in Representative Michael E. Hayes
Capacity First Vice President

Chad H. Gettleman 8/9/05
Signature of Attorney Date
Chad H. Gettleman, Esq.
Name of Attorney Firm (If any)
Adelman & Gettleman, Ltd.
Address
53 W. Jackson Blvd., Suite 1050, Chicago, IL 60604
Telephone No.
312-435-1050

X _____
Signature of Petitioner or Representative (State title)
Name of Petitioner Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity

X _____
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

X _____
Signature of Petitioner or Representative (State title)
Name of Petitioner Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity

X _____
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner JPMorgan Chase Bank, NA 120 S. LaSalle St., 6th Fl, Chicago, IL 60603	Nature of Claim Promissory Notes and related charges and fees	Amount of Claim \$8,048,793.34
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$8,048,793.34

_____ continuation sheets attached

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(6/92)

Name of Debtor VeridianHealth, LLC
Case No. _____
(court use only)

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X [Signature]
Signature of Petitioner or Representative (State title)
Enterprise Leasing Company of Chicago 8/9/05
Name of Petitioner Date Signed
Enterprise Leasing Company
Name & Mailing of Chicago
Address of Individual 1050 N. Lombard Road
Lombard, IL 60148
Signing in Representative
Capacity Loren Ahlgren, Vice President
Fleet Services

X _____
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

X _____
Signature of Petitioner or Representative (State title)
Diane T. Nauer 8/9/05
Name of Petitioner Date Signed
Diane T. Nauer, Esq.
Name & Mailing 2209 Countryside Ave.
Address of Individual Lindenhurst, IL 60046
Signing in Representative
Capacity Diane T. Nauer

X _____ 8/9/05
Signature of Attorney Date
Diane T. Nauer, Esq.
Name of Attorney Firm (If any)
Address
2209 Countryside Avenue, Lindenhurst, IL 60046
Telephone No.

X _____
Signature of Petitioner or Representative (State title)
Name of Petitioner Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity

X _____
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner Enterprise Leasing Company of Chicago 1050 N. Lombard Rd. Lombard, IL 60148	Nature of Claim Lease payments and related charges and fees	Amount of Claim \$38,263.00
Name and Address of Petitioner Diane T. Nauer, Esq. 2209 Countryside Ave, Lindenhurst, IL 60046	Nature of Claim Payroll and related items	Amount of Claim \$23,846.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$62,109.00

_____ continuation sheets attached

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(6/92)

Name of Debtor VeridianHealth, LLC
Case No. _____
(court use only)

TRANSFER OF CLAIM

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X
Signature of Petitioner or Representative (State title)
Enterprise Leasing Company of Chicago 8/9/05
Name of Petitioner Date Signed
Enterprise Leasing Company
Name & Mailing of Chicago
Address of Individual 1050 N. Lombard Road
Lombard, IL 60148
Signing in Representative
Capacity Loren Ahlgren, Vice President
Fleet Services

X
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

X Diane T. Nauer
Signature of Petitioner or Representative (State title)
Diane T. Nauer 8/9/05
Name of Petitioner Date Signed
Diane T. Nauer, Esq.
Name & Mailing 2209 Countryside Ave.
Address of Individual Lindenhurst, IL 60046
Signing in Representative
Capacity Diane T. Nauer

X Diane T. Nauer 8/9/05
Signature of Attorney Date
Diane T. Nauer, Esq.
Name of Attorney Firm (If any)
Address
2209 Countryside Avenue, Lindenhurst, IL 60046
Telephone No.

X
Signature of Petitioner or Representative (State title)
Name of Petitioner Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity

X
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
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